 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature	☐ Agent☐ Addressee
	B. Received by (Printed Name)	C. Date of Delivery
Article Addressed to:	D. Is delivery address different from iter If YES, enter delivery address below	—
Attorney General of the United U.S. Department of Justice	States (2) Men Land	
10th and Constitutional Avenue Washington, DC 20530	3. Service Type Certified Mail	ill eipt for Merchandise
546 05-877	☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee)	

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540